

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 06,423,023	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* INC.		* DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		INC.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3		1		1			53					
4				1	1		54					
5						1	55					
6						1	56					
7						1	57					
8						1	58					
9						1	59					
10							60					
11							61					
12						1	62					
13						1	63					
14						1	64					
15					1		65					
16							66					
17							67					
18							68					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1	↓	1	↓	2	↓	TOTAL IND.	↓	↓	↓	↓	
TOTAL DEP.	2	↓	3	↓	8	↓	TOTAL DEP.	↓	↓	↓	↓	
TOTAL CLAIMS	3		4		10		TOTAL CLAIMS					